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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |            | Docket Number (Optional)<br><br>HO-P02086US1 |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
|--|------------|--|-------------|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|-------------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number   | 10/021,955 | Filed December 13, 2001                      |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| For DEFECTS IN PERIAXIN ASSOCIATED WITH MYELINOPATHIES   |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| Art Unit   | 1637       | Examiner<br>S. Chunduru                      |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$ 1,020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> |            |  |             | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                      |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60   | \$ _____    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225  | \$ _____    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510  | \$ 1,020.00 |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795  | \$ _____    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                       | \$ _____    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-2375</u>. I have enclosed a duplicate copy of this sheet.</p>   |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,579</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____.</p>   |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <br>Signature   |            | <u>February 8, 2007</u><br>Date              |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <u>Melissa L. Sistrunk</u><br>Typed or printed name  |            | <u>(713) 651-3735</u><br>Telephone Number    |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |  |             |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |             |  |        |       |          |  |        |        |          |